

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	01/31/01
FORMALITY REVIEW	W M	869	03-14-01
RESPONSE FORMALITY REVIEW			

**BEST AVAILABLE COPY**  
INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral) ...	Canceled	A .....	Appeal
-+ .....	Restricted	O .....	Objected

Claim	Date
1	3/11/01
2	
3	X
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here